

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2		1					52		1				
3	1						53		1				
4	1						54		1				
5	1						55		1				
6	1						56		1				
7	1						57		1				
8		4					58	1					
9		5					59		1				
10		6					60		1				
11	1						61		1				
12		1					62		1				
13		1					63		1				
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22		1					72						
23		1					73						
24		1					74						
25	1						75						
26		1					76						
27		1					77						
28		1					78						
29	1						79						
30		1					80						
31		1					81						
32	1						82						
33		1					83						
34		1					84						
35	1						85						
36		1					86						
37		1					87						
38	1						88						
39	1						89						
40	1						90						
41		1					91						
42		1					92						
43		1					93						
44	1						94						
45		1					95						
46		1					96						
47		1					97						
48	1						98						
49		1					99						
50		1					100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

6/10/10